

MEDIA STATEMENT

To: Editors & Health Journalists
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Department calls for public vigilance as mpox cases rise in SA

Pretoria: The Department of Health is urging citizens to remain vigilant of mpox symptoms as the country is experiencing a rapid increase in laboratory-confirmed mpox cases in the past few weeks. As of 17 September 2026, the country has recorded 18 confirmed and one probable case, and this requires immediate and sustained public cooperation to contain.

The majority (15) of these cases were reported in the Western Cape, City of Cape Town in particular, 3 in Gauteng and 1 in KwaZulu-Natal. Of concern is that 13 of the total cases were recorded between 13 August and 17 September, which suggests a rapid local transmission of this preventable viral infection. All cases/patients range in age from 23 to 50 years, with a median age of 36.5 years, and 18 of them are males with only 1 female.

One of the most recent cases involved an individual who travelled to Spain earlier this month and returned to South Africa on 14 September. This person underwent testing in Spain after being informed of his probable case status. South African health authorities are in are contact with the Spanish counterparts regarding laboratory test results of the individual to confirm his mpox status.

Mpox cases may present in any person who was in close contact with someone who tested positive for the virus in the last few days (up to 21 days) and will present by displaying similar symptoms.

The importance of continued surveillance, early detection, and public cooperation cannot be overemphasised in preventing further transmission. Mpox is a viral disease that can affect anyone regardless of race, gender, sexual orientation and socioeconomic status. Members of the public are reminded of mpox symptoms which include fever, headache, muscle aches, back pain, fatigue and rash or skin lesions that may appear on the face, hands, feet, genitals or other body parts. Typically, the skin lesions start as flat red spots before progressing to bumps, followed by fluid-filled blisters, then pus filled bumps and eruptions into crusted scabs.

The symptoms usually appear within 6 to 13 days after exposure but can range from 5 to 21 days. Therefore, anyone experiencing these symptoms, particularly if they have had close contact with a confirmed case or a suspected case, should seek medical attention immediately and avoid close contact with others.

Mpox is transmitted mainly through close physical contact with an infected person, including skin-to-skin contact with the rash or lesions, and contact with contaminated materials such as bedding, clothing, or towels used by an infected person.

Mpox-positive persons can also transmit the virus through respiratory droplets during prolonged face-to-face contact, uncovered coughing or sneezing. Vigilance remains essential, particularly in households, healthcare settings and among close social networks. Hand hygiene through frequent washing or use of sanitisers is one of the effective methods to prevent the spread of the virus.

The government, through the support of the World Health Organization, has secured limited doses of mpox vaccines (MVA-BN) and treatment (Tecovirimat) as part of its outbreak response strategy to disrupt local transmission. The health authorities will decide where and how to use these doses to contain outbreaks. Vaccination should be accompanied by continued adherence to preventive measures.

Individuals and communities are urged to support those diagnosed with mpox and those suspected of being infected with the virus, because stigma and discrimination have the potential to undermine an outbreak response by deterring people from seeking medical care.

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